

Michigan Department of Community Health
Division of Nursing Home Monitoring
Nursing Care Facility
QUARTERLY NURSING STAFF REPORT
1st Quarter Report – Calendar Year 2007

Facility Name: _____

Address: _____

City: _____

Reporting Time: 1/21/07-1/27/07

Due Date: 2/7/07

Facility ID: _____

<i>DAY & DATE</i>	SUNDAY 1/21/07	MONDAY 1/22/07	TUESDAY 1/23/07	WEDNESDAY 1/24/07	THURSDAY 1/25/07	FRIDAY 1/26/07	SATURDAY 1/27/07
<i>CENSUS</i>							
<i>DIRECTOR OF NURSES (Hrs.)</i>							

TOTAL HOURS WORKED PROVIDING DIRECT RESIDENT CARE

	MORNING SHIFT						AFTERNOON SHIFT						NIGHT SHIFT					
	RNs IN HOUSE	RNs POOL STAFF	LPNs IN HOUSE	LPNs POOL STAFF	AIDES/ ORDs IN HOUSE	AIDES/ ORDs POOL STAFF	RNs IN HOUSE	RNs POOL STAFF	LPNs IN HOUSE	LPNs POOL STAFF	AIDES/ ORDs IN HOUSE	AIDES/ ORDs POOL STAFF	RNs IN HOUSE	RNs POOL STAFF	LPNs IN HOUSE	LPNs POOL STAFF	AIDES/ ORDs IN HOUSE	AIDES/ ORDs POOL STAFF
Sunday 1/21/07																		
Monday 1/22/07																		
Tuesday 1/23/07																		
Wednesday 1/24/07																		
Thursday 1/25/07																		
Friday 1/26/07																		
Saturday 1/27/07																		

I hereby certify that I am the administrator of the above facility and that the information provided herein is a correct and accurate record of payroll records of the facility for the period indicated.

Administrator's Signature

Typed Administrator's Name

Date